

Cleveland Head and Neck Clinic
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Laryngopharyngeal Reflux Disease

Anatomy of the Condition

In adults and children, irritating acidic juices may back up from the stomach into the esophagus and throat. It is frequently called gastroesophageal reflux disease or GERD. This may occur at any time either day or night. A common anatomic condition known as a hiatal hernia predisposes people to acid reflux.

Symptoms

The most commonly recognized symptom of acid reflux is heartburn, which is related to irritation of the lining of the esophagus (swallowing tube). Many people do not know that reflux can also cause problems in the larynx (voice box) or the pharynx (back of throat). This is called laryngopharyngeal reflux disease or “LPR”. LPR may not be associated with any heartburn symptoms and is sometimes called silent reflux, or atypical reflux. Other symptoms of LPR include:

- Dry Cough
- Hoarseness or voice loss
- Postnasal drip
- Sensation of lump or something stuck in the throat
- Sore Throat
- Chronic Throat Clearing
- Sudden choking episodes

In a very small number of cases, the condition may be more severe causing major complications such as pneumonia, vocal scarring, airway narrowing and ulcers in the larynx. Chronic laryngopharyngeal reflux can even lead to cancer of esophagus in rare instances.

Causes or Contributing Factors

Eating habits, diet and obesity are all contributory factors in causing Laryngopharyngeal Reflux Disease. Eating one or two large meals each day can worsen the disorder, so it is best to eat three or four smaller meals each day. Certain foods and products should also be avoided including:

- Carbonated beverages
- Coffee or tea
- Orange juice and other acidic beverages
- Spicy Food
- High Fat Foods
- High Fiber Foods
- Alcoholic Beverages
- Licorice, Chocolate, Peppermint

Mints, lozenges and mouthwashes may seem to soothe the throat, but can actually irritate the throat lining and stimulate acid production.

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Preventative measures to remember include:

- Hydration of the throat by drinking lots of water (64 fluid ounces/day)
- Weight Loss
- No smoking
- Smaller meals, three or four times each day
- Avoidance of food at least three hours before bedtime
- Slow down eating (don't gulp it down!)
- Avoidance of acid producing medications such as Aspirin and Non-Steroidal Anti-Inflammatory Drugs
- Sleeping with head elevated above the heart (4 – 6 inch blocks or wedge)

Diagnosis

Examining the throat and larynx is required. This is done by the physician using a small mirror, or a flexible and/or rigid endoscope, allowing a detailed visual evaluation of laryngeal function and vibration.

In some situations, the physician may order a test called Ambulatory 24-hour pH Monitoring. This test measures the acidity in the esophagus and is recorded over a 24-hour period. If there are other swallowing issues, an x-ray study (barium swallow), or referral for upper GI endoscopy by a gastroenterologist may be recommended.

Treatments

Most cases can be handled with non-operative medical management. These treatment options include:

- Medications to reduce acid production (prescription and non-prescription, with consultation from the doctor).
- Modifications of the patient's diet
- Preventative measures listed above
- Weight Reduction Program

In some severe cases or in cases with complications, anti-reflux surgery may be a necessary treatment.